

☐ Original
☐ Amended

METER STATION NO: _____

NGL GAS REPORT FOR MONTH OF _____, YEAR: _____

TO SUPERINTENDENT, OSAGE AGENCY
BRANCH OF MINERALS
813 GRANDVIEW
P. O. BOX 1539
PAWHUSKA, OK 74056
(918) 287-5740 FAX NO. (918) 287-5786

LESSEE ID NO.: _____

LESSEE NAME: _____ CURRENT PHONE NO: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NGL PURCHASER: _____ PURPOSE: DOMESTIC/SALES/OTHER (CIRCLE ONE)

LOCATION OF METER: _____ BTU ADJUSTMENT: _____

[illegible]

I CERTIFY THAT THE FOREGOING REPORT IS TRUE AND CORRECT.

SIGNATURE AND TITLE

DATE CERTIFIED